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POSTER COMMUNICATION · HEMATOLOGY

Bexarotene and Sézary syndrome, efficacy and adverse effects: a case report

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English version of a poster presented in French.

KEY MESSAGES

1. Le Bexarotène améliore les lésions cutanées du syndrome de Sézary.
2. L'hypothyroïdie est un effet indésirable fréquent du Bexarotène nécessitant une surveillance régulière.
3. L'arrêt ou l'ajustement du traitement peut normaliser la fonction thyroïdienne altérée par le Bexarotène.

ABSTRACT

Introduction. Sézary syndrome is an aggressive form of cutaneous T-cell lymphoma characterized by a clinical triad and the presence of atypical lymphocytes. Bexarotene, a retinoid, is used to regulate cell proliferation in this disease. This report presents a clinical case of a 70-year-old female patient treated with Bexarotene, describing her clinical course and observed adverse effects.

Materials and methods. A 70-year-old female patient followed for Sézary syndrome was initially treated with methotrexate and PUVA therapy. After worsening of the lesions, treatment with Bexarotene was initiated. Clinical evolution, adverse effects, and biological assessments, including thyroid function tests, were monitored. Clinical images and a biological panel were used to document the case.

Results. Following the introduction of Bexarotene, the patient showed stabilization of skin lesions and regression of erythroderma. However, she developed subclinical hypothyroidism confirmed by biological assessment. Discontinuation of Bexarotene allowed normalization of thyroid function. Similar cases of Bexarotene-induced hypothyroidism are reported in the literature.

Conclusion. Bexarotene is a treatment of choice for Sézary syndrome, improving skin lesions. However, close monitoring is necessary due to frequent adverse effects, notably hypothyroidism. Management of these effects is essential to ensure safe use of the drug in clinical practice.

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KEY FIGURE

TABLEAU 1 : BILAN BIOLOGIQUE OBJECTIVANT L'HYPOTHYROIDIE

PARAMÈTRE BIOLOGIQUE	RESULTAT	VALEUR NORMALE
TSHus	8.2 mUI/L	0.4 - 4.5 mUI/L
T3	0.61 pmol/l	3.5 – 7.8 pmol/l
T4	2.38 pmol/l	9 – 25 pmol/l

- Après 10j d'arrêt du Béxarotene, un bilan thyroïdien de contrôle a été réalisé montrant la normalisation de la fonction thyroïdienne ce qui plaide en faveur de l'incrimination du Béxarotene dans l'hypothyroïdie.



Figure 2: lésions érythemato-squameuses du tronc et de l'abdomen



Figure 3 : lésions inflammatoires des plis axillaires et mammaires

Figure 2: lésions érythémato-squameuses du tronc et de l'abdomen ; Figure 3: lésions inflammatoires des plis axillaires et mammaires

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